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CONFIRMATION NO. 4474

<b>SERIAL NUMBER</b> 10/828,688	<b>FILING OR 371(c) DATE</b> 04/21/2004 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> 134.02120121
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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CON of 09/625,751 07/26/2000 PAT 6,945,969 which is a CIP of 09/540,444 03/31/2000 PAT 6,551,290 *den.*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*None den.*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 06/26/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 62	<b>INDEPENDENT CLAIMS</b> 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged <i>Christine S. Williams den.</i> Examiner's Signature Initials				

**ADDRESS**  
26813

**TITLE**  
Catheter for target specific drug delivery

<b>FILING FEE RECEIVED</b> 1612	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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